



Commissioners
 Mary Jo Kilroy, President
 Paula Brooks
 Marilyn Brown

Economic Development & Planning Department
 James Schimmer, Director

Application Number:

Date Filed:

Staff:

Application Form

Lot Split / Large Lot Development

Township: **Property Location:**

PROPERTY Address: **Parcel ID No:**

City: **State:** **Zip:**

OWNER Name: **Phone:** **Cell:**

Street Address: **City:**

State: **Zip:** **Fax:**

AGENT For Owner: **Phone Number:**

Agent's Address: **City/State/Zip**

In filing this application, I acknowledge that it may take more than seven days to review this request and thereby grant additional time, if necessary.

Owner/Applicant Signature: _____ **Date:** _____

Zoning:	<input type="text"/>				Zoning Requirements	Variance Needed	Variance Granted	Date
Lot Size/s	Permitted	<input type="checkbox"/>	Proposed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Residual Lot Size	Permitted	<input type="checkbox"/>	Proposed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lot Frontage/s	Permitted	<input type="checkbox"/>	Proposed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lot Geometry	Permitted	<input type="checkbox"/>	Proposed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(depth to width ratio and angle of side lot lines)

WWTS: ☐ Well and Septic ☐ Approved by Board of Health ☐ Date

☐ Water and Sewer ☐ Approved by Sanitary Engineer ☐ Date

☐ Access from County Road ☐ Approved by County Engineer ☐ Date

☐ Access from State Route ☐ Approved by ODOT ☐ Date

☐ Access from Township Road ☐ Approved by Township ☐ Date

Send To: Board of Health ☐ County Engineer ☐ Soil Water Conservation District ☐
 (County Road)

Zoning Authority ☐ Ohio EPA ☐ Sanitary Engg ☐ ODOT ☐
 (commercial) (County Sower) (State Route)